



Mediator Application

NAME (Last, First, MI)	TITLE	
EMPLOYING AGENCY	COMPONENT/DIVISION	
OFFICE ADDRESS	TELEPHONE NUMBER	FAX NUMBER
	EMAIL ADDRESS	
SUPERVISOR'S NAME, TITLE AND TELEPHONE		

Dispute Resolution Training

List course title and name of agency sponsoring training. Include dates, location and total hours of actual instruction. Include proof of completion for all training.

DATES		COURSE TITLE - SPONSORING AGENCY	LOCATION	HOURS
START	END			

ATTACH ADDITIONAL SHEETS IF NECESSARY.

Dispute Resolution Experience

Types of process, number of cases, co-mediation or individual sessions, evaluator(s) and years, co-mediators or individual, evaluations - who conducted them

PROCESS	CASES	MEDIATOR OR CO-MEDIATOR	EVALUATIONS	YEARS

ATTACH ADDITIONAL SHEETS IF NECESSARY.

Related Experience

Work experience as mediator, attorney, investigator, EEO Specialist, etc. Attorneys should indicate subject matter areas of substantive legal expertise.

POSITION	EMPLOYER	PROCESS	YEARS

ATTACH ADDITIONAL SHEETS IF NECESSARY.

Any additional skills that would aid you in a mediation/facilitated process (e.g., foreign language fluency, sign language, etc.)
Professional affiliations which you consider relevant to your activity as a neutral

Conduct Standards for Mediators in the Shared Neutrals Program

The conduct of mediators in this program will be governed by the following standards:

Self-Determination: Self-determination is the fundamental principle of mediation. It requires that the mediation process rely upon the ability of the parties to reach a voluntary, uncoerced agreement. Any party may withdraw from mediation at any time.

Impartiality: A mediator shall mediate only those matters in which she/he can remain impartial and evenhanded. If at any time the mediator is unable to conduct the process in an impartial manner, he/she is obligated to withdraw

Conflicts of Interest: A conflict of interest is any action or relationship that might create an impression of possible bias. The basic approach to questions of conflict of interest is consistent with the concept of self-determination. The mediator has a responsibility to disclose all actual and potential conflicts that are reasonably known and could reasonably be seen as raising a question about impartiality.

Competence: A mediator will mediate only when he/she has the necessary qualifications to satisfy the reasonable expectations of the parties.

Confidentiality: A mediator will maintain the reasonable expectations of the parties with regard to confidentiality.

Quality of the Process: A mediator shall conduct the mediation fairly, diligently, and in a manner consistent with the principle of self-determination.

Read and Sign the Following Statement

I hereby certify that the information provided in this form or attached is true to the best of my knowledge and belief and accurately reflects my qualifications to provide dispute resolution services in cases referred through the Federal Executive Board of Minnesota's Shared Neutrals Program. I understand that all information herein is subject to verification. I agree to keep my supervisor apprised of my dispute resolution work and to ensure that this project will not interfere with my daily work responsibilities. Furthermore, I hereby agree that if any problem arises related to my involvement as a neutral or any representations I have made related to this program, it shall be resolved by the Shared Neutrals Council whose determination shall be final on all matters. I have read the Standards of Conduct for Mediators above and agree to abide by all such standards when acting as a neutral under this program.

Signature of Applicant

Date

Statement of Applicant's Supervisor

I have reviewed the information on this form and believe it to be accurate. Additionally, I approve of this applicant's participation in the Shared Neutrals Program.

Signature of Applicant's Supervisor

Date

☒ **Note to applicant:** Forward one complete copy of this form to your agency Shared Neutrals Coordinator

Privacy Act Statement: The collection of this information is authorized by 5 U.S.C. 574. This information will be used to update your mediator profile. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA or FLRA; where pertinent in a legal proceeding to which the government is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the government; to an expert or consultant under contract with the government to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed under 29 C.F.R. 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. The completion of this form is voluntary; however, if this information is not provided, you may not be included on the Federal Executive Board of Minnesota Shared Neutrals Program roster of mediators.



Mediator Continuing Education

NAME (Last, First, MI)	TITLE	
EMPLOYING AGENCY	COMPONENT/DIVISION	
OFFICE ADDRESS	TELEPHONE NUMBER	FAX NUMBER
	EMAIL ADDRESS	

Mediator Continuing Professional Education

List course title and name of the agency sponsoring the training. Include the dates, location and total hours of actual instruction. Include proof of completion for any continuing education completed other than events sponsored by the FEB Shared Neutrals Council.

DATES		COURSE TITLE - SPONSORING AGENCY	LOCATION	HOURS
START	END			

Read and Sign the Following Statement

I hereby certify that the information provided in this form or attached is true to the best of my knowledge and belief and accurately reflects continuing professional education completed by me.

I understand that all information herein is subject to verification.

Signature of Mediator

Date

☒ **Note to mediator:** Return completed form to the FEB Shared Neutrals Council no later than December 31, 2001. Forward one complete copy of this form to your agency Shared Neutrals Coordinator

Privacy Act Statement: The collection of this information is authorized by 5 U.S.C. 574. This information will be used to update your mediator profile. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA or FLRA; where pertinent in a legal proceeding to which the government is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the government; to an expert or consultant under contract with the government to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed under 29 C.F.R. 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. The completion of this form is voluntary; however, if this information is not provided, you may not be included on the Federal Executive Board of Minnesota Shared Neutrals Program roster of mediators.